

COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

- A. Recieved by (Please Print Clearly) _____ B. Date of Delivery _____
C. Signature _____
☐ Agent ☐ Addressee

Article Addressed to:

Elizabeth Silver Lujan
13 Ferncliff Terrace
Short Hills, NJ 07078

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

~~C. Signature~~

X

D. Is delivery and cost covered by item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

☐ No

☐ Addressee

3. Service Type

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- ☐ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

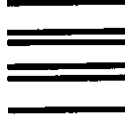
Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102585-00-M-0952

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

William T. Walsh
50 Walnut St.
Newark, NJ 07102
08-640 (PGS)
4/30/08 - Re-set hearing

RECEIVED-CLERK
U.S. DISTRICT COURT

2008 MAY -2 A 11:58

